STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968836	**04/26/2017**
NAME OF PROVIDER OR SUPPLIER **LOVING CARE ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **11008 AIRVIEW DR** **CARROLLWOOD, FL 33625**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Assisted Living Facility

A biennial state licensure survey was conducted at Loving Care Assisted Living facility , (license # 12685), on 04/26/2017. Loving Care Assisted Living Facility had no deficiencies at the time of the visit.